

GRANT COUNTY DISTRICT COURT  
INDIGENCY SCREENING FORM

**CONFIDENTIAL**

[Per RCW 10.101.020(3)]

**(Please Print Legibly)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Case Number(s) \_\_\_\_\_

1. Place an "x" next to any of the following types of assistance you receive:

_____ <b>Welfare</b>	_____ <b>Poverty Related Veterans' Benefits</b>
_____ <b>Food Stamps</b>	_____ <b>Temporary Assistance for Needy Families</b>
_____ <b>SSI</b>	_____ <b>Refugee Settlement Benefits</b>
_____ <b>Medicaid</b>	_____ <b>Disability Lifeline Benefits</b>
_____ <b>Other – Please Describe</b> _____	

***{If you marked an "x" by any of the above or are under the age of 18, please stop here and sign at # 15 below.}***

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2. Do you work or have a job? \_\_\_\_yes \_\_\_\_no. If so, monthly take-home pay: \$ \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's name & phone #: \_\_\_\_\_

3. Do you have a spouse or state registered domestic partner who lives with you? \_\_\_\_yes \_\_\_\_no

Does she/he work? \_\_\_\_yes \_\_\_\_no If so, monthly take-home pay: \$ \_\_\_\_\_

Employer's name: \_\_\_\_\_

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? \_\_\_\_yes \_\_\_\_no

If so, which one? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

5. Do you receive money from any other source? \_\_\_\_ yes \_\_\_\_no If so, how much? \$ \_\_\_\_\_

6. Do you have children residing with you? \_\_\_\_ yes \_\_\_\_no. If so, how many? \_\_\_\_\_

7. Including yourself, how many people in your household do you support? \_\_\_\_\_

8. Do you own a home? \_\_\_\_yes \_\_\_\_no. If so, value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

9. Do you own a vehicle(s)? \_\_\_\_yes \_\_\_\_no. If so, year(s) and model(s) of your

vehicle(s): \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

10. How much money do you have in checking/saving account(s)? \$\_\_\_\_\_
11. How much money do you have in stocks, bonds, or other investments? \$\_\_\_\_\_
12. How much are your routine living expenses (rent, food, utilities, transportation) \$\_\_\_\_\_
13. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as child support payments, court-ordered fines or medical bills, etc.? If so, describe: \_\_\_\_\_
14. Do you have money available to hire a private attorney? \_\_\_\_yes \_\_\_\_no
15. ***Please read and sign the following:***

**I understand the court may ask for verification of the information provided above.  
I agree to immediately report any change in my financial status to the court.**

**"I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

**FOR COURT USE ONLY - DETERMINATION OF INDIGENCY**

\_\_\_\_\_ Eligible for a public defender at no expense

\_\_\_\_\_ Eligible for a public defender but must contribute \$\_\_\_\_\_

\_\_\_\_\_ Re-screen in future regarding change of income (e.g. defendant works seasonally)

\_\_\_\_\_ Not eligible for a public defender

\_\_\_\_\_  
JUDGE